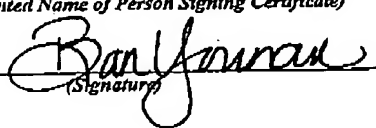
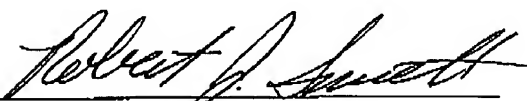


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. PU3682USW
Applicant(s): WALKER, et. al.			
Serial No. 10/009,704	Filing Date 10/29/2001	Examiner GAKH	Group Art Unit 1743
Invention: METHOD AND SYSTEM FOR DETECTING TRACE MATERIALS IN CRYOGENIC LIQUIDS			
<div style="text-align: right;"><b>RECEIVED</b> CENTRAL FAX CENTER DEC 22 2003</div> <div style="text-align: right; font-size: 2em;"><b>OFFICIAL</b></div>			
I hereby certify that this <u>Response to Office Action</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> )			
on <u>12/22/03</u> (Date)			
<div style="text-align: right;">Ban Younan (Typed or Printed Name of Person Signing Certificate)</div> <div style="text-align: right;"> (Signature)</div>			
Note: Each paper must have its own certificate of mailing.			

F18/REV01

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>PU3682USW</b>	
Applicant(s): <b>WALKER, et. al.</b>					
Serial No. <b>10/009,704</b>	Filing Date <b>10/29/2001</b>	Examiner <b>GAKH</b>	Group Art Unit <b>1743</b>		
Invention: <b>METHOD AND SYSTEM FOR DETECTING TRACE MATERIALS IN CRYOGENIC LIQUIDS</b>					
<u><b>TO THE COMMISSIONER FOR PATENTS:</b></u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25 -	29 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
 <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>07-1392</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: <i>December 22, 2003</i></div></div> <div style="margin-top: 20px;"><div style="display: flex; align-items: center;"><div style="text-align: center;"> Signature</div><div style="margin-left: 20px;">Dated: <i>December 22, 2003</i></div></div><div style="margin-top: 10px;"><b>Robert J. Smith</b> Registration No.: 40,820 Telephone: 919-483-9616  Customer No.: 23347</div></div>					
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>					
cc:					

P11LARGE/REV05